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To: William M. Brewster Fax: 703-872-9306 Phone: 571-272-1854
United States Patent and Trademark Office

From: Michael D. Plimier Fax: 408-765-7723 Phone: 408-765-7857

Subject: Issue Fee In Application No. 10/701,251

A CONFIRMATION COPY OF THIS DOCUMENT:**WILL NOT BE SENT**

Application No.: 10/701,251
Filing Date: November 3, 2004
First Named Inventor: Grant Kloster et al.
Group Art Unit: 2823
Examiner Name: William M. Brewster
Attorney Docket No.: P14696X

Enclosures:

1. Transmittal Form (1 page).
2. Fee Transmittal for FY 2005 (1 page in duplicate).
3. Supplemental Amendment (6 pages).
4. Information Disclosure Statement (2 pages).
5. PTO-1449 (1 page)

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031


U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/701,251
		Filing Date	November 3, 2004
		First Named Inventor	Grant Kloster et al.
		Art Unit	2823
		Examiner Name	William M. Brewster
Total Number of Pages in This Submission	12	Attorney Docket Number	P14886X


ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-1449 (1 page)
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Intel Corporation		
Signature			
Printed name	Michael D. Plimier		
Date	June 21, 2005	Reg. No.	43,004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Michael D. Plimier	Date	June 21, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT		(\$)	180.00
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Complete If Known	
Application Number	10/701,251
Filing Date	November 3, 2004
First Named Inventor	Grant Kloster et al.
Examiner Name	William M. Brewster
Art Unit	2823
Attorney Docket No.	P14696X

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims

Extra Claims	Fee (\$)	Fee Paid (\$)
13 - 20 or HP = 0 x 50 =	0	0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims	Fee (\$)	Fee Paid (\$)
2 - 3 or HP = 0 x 200 =	0	0

HP = highest number of independent claims paid for, if greater than 3.

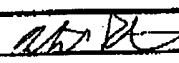
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
21 - 100 = 0 / 50 = 0 (round up to a whole number) x	0	0	0	0

4. OTHER FEE(S)

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0
Other (e.g., late filing surcharge): Information Disclosure Statement 1.97(b)(2)	180.00

SUBMITTED BY		Registration No. 43,004	Telephone 408-765-7657
Signature		(Attorney/Agent)	Date June 21, 2005
Name (Print/Type) Michael D. Plimier			

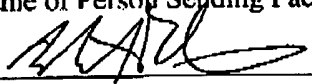
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CERTIFICATE OF TRANSMISSION
(37 C.F.R. § 1.8(a))

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Michael Plimier
Name of Person Sending Facsimile


Signature